STATEMENT OF

RECEIVET — 2012 SEP 26 AM 11: 30

FORM 1		ORG		FEC MAIL CE								
1. NAME OF COMMITTEE (in	n full)		ck if name anged)		nple:If typing, type the lines.	12FE	4M5					
LOUISIANA	CONC	RESSIC	NAL CA	MPA	IGNS VICT	ORYF	UND	FEDEF	RAL PA	/C		
									<u>1 ,1 1 1 </u>	لب		
ADDRESS (number a	nd street)	P. O. E	3OX 11	72	 		<u> </u>		<u> </u>	لب		
(Check if a is changed)		BOCA	RATO	N		FL	3	3429	<u> - </u>	 		
				CITY		STATE		ZIP (ODE			
COMMITTEE'S E-MA (Check if is change	address	S (Please prov	•		ress) CAMPAIGN	ISFUNE	PAC	\$@GM	IAIL.C	OM		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)										
(Check if is change										<u>Ч</u>		
2. DATE ÖŞ)"	° ′ 2012	Ž							·		
3. FEC IDENTIFIC	CATION NU	MBER	С									
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)						
I certify that I have of			nd to the bes	-	_	ef it is true, o	correct an	d complete.				
Signature of Treasure	er	Jam	es Li	nest.	<u>></u>	Date	Ö9 ^ª	′ 24 °	[′] 2012	ž		
NOTE: Submission of	ŕ	•			ect the person signi	_		penalties o	f 2 U.S.C. §	437g.		
Office Use Only			on contact: nlssion		FEC FO							

	FEC Fo	m 1 (Revised 02/2009)	Page 2					
·.	TYPE OF C	DMMITTEE						
	Cendidate	Committee:						
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate					
	Name of Candidate							
	Candidate Party Affiliation	Office Sought: House Senate President	State District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party Com	mittee:	· · · · · · · · · · · · · · · · ·					
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
	Political A	ction Committee (PAC):						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:					
		Corporation Corporation w/o Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party					
		In addition, this committee is a Lebbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fund	raising Representative:						
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/urganizations, at least one of which is an authorized committee of a federal candidate						
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	mittees Participating in Joint Fundraiser						
	1.	The second of th						
	2.	FEC tD number C						
	3.	FEC ID number C						
	4.							

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	/rite or Type Committee Name				
_L	OUISIANA CONC	GRESSIONAL CAM	PAIGNS VICT	ORY FUN	ID FEDERAL PAC
6.	Name of Any Connected C	rganization, Affiliated Committe	æ, Jóint Fundraising Ké	epresentative, o	' Leadership PAC Sponsor
1	10NE	111111111		<u> </u>	
L				1111	
	Mailing Address				
					712 0005
		CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Comm	nittee Joint Fundrais	ing Representativ	ve Leadership PAC Sponsor
 '.	Custodian of Records: Ider books and records.	ntify by name, address (phone nu	mber optional) and po	sition of the per	son in possession of committee
	Full Name	S LINCOLN	1111111	1111	<u>, , , , , , , , , , , , , , , , , , , </u>
	Mailing Address	P. O BOX 1172			
				1111	
		BOCA RATON		<u>[FL]</u>	33429
	Title or Position	CITY		STATE	ZIP CODE
	EXECUTIVE DIR	ECTOR	Telephone r	umber 561	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optio assistant treasurer).	nal) of the treasurer of	the committee; a	nd the name and address of
	Full Name of Treasurer	SLINCOLN		1111	
	Mailing Address	P. O. BOX 1172			
					
		BOCA RATON		FL	33429
•	Title or Position	спу	Telephone n	STATE umber 561	ZIP CODE

Telephone number

Name of Bank, Depository, etc.

Designated Agent

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	BOCA RATON FL												33432										L									
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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 9/26/14 DATE PREPARED